PLEASE TYPE OR PRINT
☐ Ms. Mr. Artist <u>SANDY KINNEE</u> (Last Name Last)
Permanent Address 79 5. CEDAR, OBERLIN City
44074 Tel. (216) 774-1221 EXT 3
Zip Area Code Temporary
Address City
Tel. ()
Zip Area Code
Permanent address is in what county?
Born in Cuyahoga County
Collaborator(If Any)
If entries are not accepted or not sold: ☐ Artist will pick up entries at Museum. ☐ Museum should dispose of entries. ☐ Museum should ship entries to artist C.O.D. at this address:
The attached card will be returned to you as notification of

acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 10, 1973.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

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CATEGORY ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ENTRY ONE ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts						
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Price or NFS Insurance Value If NFS Only		Size 7' × 7'				
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1973 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

Name	SANDY KINNEE
Address	ALLEN ART MUSEUM
City & State	OBERLIN, 01410 Zip 44074

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

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Notification of Acceptance or Reject					
SIANDY KINNEE		2			
Type or print name of artist		n			
This is your only receipt to claim your object(s).					
This notification will be mailed to you follow	owing judging				
CATEGORY ☐ 1. Paintings ☐ 2. Graph ENTRY TWO ☐ 4. Sculpture ☐ 5. Electronic ☐ 5.					
Medium or Materials ACRYLIC ON CANVIAS					
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